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Prep date	_Seat Date
Dr's Name	
Address	
Phone No	
Patient's Name	
TYPE OF RESTORATI	
☐ Full Gold- High Noble ☐ Full Gold/yellow- Noble	
•	e ☐ Full Zirconia-Antenor
	☐ Full Zirconia-High Hans.☐ Full Zirconia-UltraStrength
☐ Implant Crowns, includ	_
ENCLOSED/SENT:	
☐ Impression	□ Triple Tray
□ Preoperative Model	
☐ Jig of partial clasping	☐ Bite Registration
☐ scan(s)	
SPECIAL INSTRUCTION	
TOOTH #(s)	SHADE: incisal 1/3
	middle 1/3 gingival 1/3
	9111911411 1/0